

When completed submit to:

Volunteer Health Care Provider Program lowa Department of Public Health Lucas State Office Building, 4th floor 321 East 12th Street

Des Moines, IA 50319 Fax: (515) 242-6384

For questions, contact:

Doreen Chamberlin (515) 321-7487

Doreen.chamberlin@idph.iowa.gov

SECTION 1	I. GENERAL Please read instructions	before cor	nple	ting this form		
First Name:						
Last Name:						
Mailing Addr	ess:					
City:	State:			Zip Code:		
Phone (day):		Cell(optional)	:			
Email:						
License #:	Are you a Spec	cialty Health (Care	Provider?		
Identify yo	ur profession ** requires se	elf-query re	port	(see instructions)		
	Physician (MD/DO)	**		Mental Health Counselor		
**	Physician Assistant (PA)	**		Occupational Therapist (OT)		
**	Advanced Registered Nurse Practitioner (ARNP)	**		Optometrist (OD)		
**	Chiropractor (DC)			Pharmacist (RPh)		
	Dental Assistant (RDA)	**		Physical Therapist (PT)		
	Dental Hygienist (RDH)	**	Ш	Podiatrist (DPM)		
	Dentist (DDS)	**		Psychologist (PsyD/PhD)		
	Emergency Medical Care Provider	**		Respiratory Therapist (RT)		
**	Registered Nurse (RN)	**		Master Social Worker (MSW)		
**	Licensed Practical Nurse (LPN)	**		Independent Social Worker (LISW)		
**	Marital and Family Therapist	**		Bachelor Social Worker (BSW)		
**	Audiologist		Speech Pathologist			
SECTION 2	2. HOURS & SITE LOCATIONS					
				ot require you to work the number of hours per		
week. Cov	erage will be provided under the VHCPP for the	e hours spe	cified	I but not beyond.		
	Up to 40 hours per week					
	Other hours per week (please specify)			_		
Provide the n if needed.	ame(s) and address(s) of the site locations you will be	e providing the	e heal	th care services. Attach a list of additional locations		
Site Location	n Name:					
Site Location	Address:					
City:	State:			Zip Code:		
Site Location	n Name:					
Site Location	Address:					
City:	State:			Zip Code:		

SECTION 3. PERSONAL HISTORY		
For each "YES" answer, provide a separate, signed, and dated statement giving full details, including dates, locations, actions, organizations or parties involved and specific reasons.	YES	NO
1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?		
2. Are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition, use of alcohol, drugs, or other chemical substance?		
3. Are you currently engaged in the illegal or improper use of drugs or other chemical substance?		
4. Does your current use of alcohol, drugs, or other chemical substances impair or limit your ability to practice your profession with reasonable skill and safety?		
5. Have you ever been charged, convicted, found guilty or entered a plea of guilty/no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100)? You must answer "yes" even if the matter was expunged.		
6. Have you ever been terminated, requested to withdraw, taken leave of absence, or requested to repeat a portion of your training or education?		
7. Have you ever received a certificate of non-compliance from the College Student Aid Commission regarding non-payment of a student loan?		
8. Have you ever been denied a license, certification, or registration to practice your profession or another profession?		
9. Have you ever voluntarily surrendered a license, certification, or registration issued to you by any professional licensing, certifying, or registration agency?		
9a. If yes, was a license, certification or registration disciplinary action pending against you or were you under investigation by a professional licensing, certification, or registration agency at the time the voluntary surrender of license, certificate, or registration was tendered?		
10. Have you ever been denied or surrendered a Drug Enforcement Administration (DEA) or state controlled substance registration certificate?		
11. Have your clinical privileges or staff status at any hospital, health care entity, nursing facility, clinic, or other professional health care organization ever been limited, suspended, revoked, not renewed, voluntarily relinquished or subject to other disciplinary or probationary conditions?		
12. Have you ever been terminated, sanctioned, penalized, had to repay monies to or been denied provider participation in any state Medicaid, Medicare, or other publicly funded health care program?		
13. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended or revoked a license, certificate, or registration you held?		
14. Have you ever been investigated or subject to an inquiry/review by any professional licensing agency, including investigations or review which resulted in no formal actions(s)? Answer, "yes" if you have ever been contacted by an investigator or board agency to review a complaint or report filed against you.		
15. Have any professional liability suits or claims ever been filed against you?		
16. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?		

SECTION 4. PROFESSION, PATIENT GROUPS, AND HEALTH CARE SERVICES

Under your profession, identify the patient groups and health care services provided for the Volunteer Health Care Provider program.

program.						
	ced Register	ed Nurse Pra	actitioner			
Child	Adolescent	Adult	Senior	Services		
NA	NA			Annual adult examinations		
		NA	NA	Well child examinations		
				Diagnosis & treatment of acute & chronic conditions		
				Health education		
				Health maintenance		
				Immunizations		
				Minor surgical procedures		
				Anesthesia services for major surgical procedures		
Audio	logist IOW	A CODE CHA	PTER 154			
Child	Adolescent	Adult		Services		
	71401000111	710.0.10				
				Testing, measurement and evaluation related to hearing and hearing disorders and		
				associated communication disorders for the purpose of nonmedically identifying,		
				preventing, modifying or remediating such disorders and conditions including the		
				determination and use of appropriate amplification		
				Patient instruction/counseling		
				Patient habilitation/rehabilitation		
Ohina	(DC)	IOWA COE	CLIADT	Referrals		
	oractor (DC)	IOWA COL				
Child	Adolescent	Adult	Senior	Services		
NA	NA			Examinations		
NA	NA			Diagnosis & treatment		
NA	NA			Health education		
NA	NA			Health maintenance		
	Assistant (R		r	HAPTER 153		
Child	Adolescent	Adult	Senior	Services		
				Intraoral services		
				Extraoral services		
				Infection control		
				Radiography		
				Removal of plaque or stain by toothbrush, floss, or rubber cup coronal polish		
Denta	Hygienist (R	DH) IOWA	CODE CI	HAPTER 153		
Child	Adolescent	Adult	Senior	Services		
				Assessments and screenings		
				Health education		
				Health maintenance		
				Preventative services (cleaning, x-rays, sealants, fluoride treatments, fluoride		
				varnish)		
Dentis	t (DDS) IO	WA CODE C	HAPTER 1			
Child	Adolescent	Adult	Senior	Services		
Oa	, adicociit	Addit	3011131	Dental examinations		
				Diagnosis & treatment of acute & chronic conditions		
				Health education		
				Health maintenance		
				Minor surgical procedures		

(continued) SECTION	4. PROF	ESSION.	PATIENT GROUPS, AND HEALTH CARE SERVICES	
Emergency Medical Care Provider IOWA CODE CHAPTER 147A					
Child	Adolescent	Adult		Services	
				Airway/ventilation/oxygenation	
				Assisted medications - patient's	
				Cardiovascular/circulation	
				Immobilization	
				IV initiation/maintenance/fluids	
				Medication administration - routes	
Licens	ed Practical	Nurse (LPN)	IOWA	CODE CHAPTER 152 OR 152E	
Child	Adolescent	Adult	Senior	Services	
				Provision of supportive or restorative care	
	I and Family			DE CHAPTER 154D	
Child	Adolescent	Adult	Senior	Services	
				Marital and family therapy	
				Application of counseling techniques in the assessment and resolution of	
				emotional conditions	
	l Health Cour			CHAPTER 154D	
Child	Adolescent	Adult	Senior	Services	
				Mental health counseling	
				Counseling services involving assessment, referral and consultation	
	ational Thera			DE CHAPTER 148A	
Child	Adolescent	Adult	Senior	Services	
				Evaluation and treatment of problems interfering with functional performance in	
				persons impaired by physical illness or injury, emotional disorder, congenital or	
		101111 000		developmental disability, or the aging process	
	netrist (OD)	IOWA COD			
Child	Adolescent	Adult	Senior	Services Evaminations	
				Examinations Diagnosis & treatment of the human ave and adnesses	
				Diagnosis & treatment of the human eye and adnexa Health education	
				Health maintenance	
Dharm	poict (PDh)	IOWA COI	DE CHADT		
Child	Adolescent	Adult		Services	
Ciliu	Audiescent	Addit	Jenior	Drug dispensing	
				Patient counseling	
				Health screenings and education	
				Immunizations	
Physic	al Therapist	(PT) IOW	CODE C	HAPTER 148A	
Child	Adolescent	Adult	Senior	Services	
NA	NA			Interpretation of performance tests, and measurements	
		NA	NA	Evaluation and treatment of human capabilities and impairments	
			,	Here of the standard of the second se	
				Use of physical agents, therapeutic exercises, and rehabilitative procedures to	
				prevent, correct, minimize, or alleviate a physical impairment	
				Establishment and modification of physical therapy program	
				Treatment planning	
				Patient instruction/education	
			1	- alone mode double bode double	

4.5	// OFOTION	4	FOOLON	PATIENT OPOURO AND LIEAUTU DADE DEDVIDED
ontinue	•		•	PATIENT GROUPS, AND HEALTH CARE SERVICES
	*Physician A	ssistant (P	A) IOWA (CODE CHAPTER 148C
\rightarrow				
	Signature of	Supervising	g Physicia	n Date
Child	Adolescent	Adult		Services
NA	NA			Annual adult examinations
		NA	NA	Well child examinations
				Diagnosis & treatment of acute & chronic conditions
				Health education
				Health maintenance
				Immunizations
				Minor surgical procedures
Physi	ician (MD/DO)	IOWA CO	DE CHAP	
Child	Adolescent	Adult	_	Services
NA	NA		-	Annual adult examinations
		NA	NA	Well child examinations
				Diagnosis & treatment of acute & chronic conditions
				Health education
			1	Health maintenance
				Immunizations
			1	Minor surgical procedures
				Major surgical procedures
Podia	atrist (DPM)	IOWA CODI	E CHAPTE	
Child	Adolescent	Adult	Senior	Services
				Examinations
				Diagnosis & treatment
				Health education
				Health maintenance
				Minor surgical procedures
Psych	hologist (PsyD)/PhD) IO	WA CODE	CHAPTER 154B
Child	Adolescent	Adult	Senior	Services
				Counseling and the use of psychological remedial measures for persons with
				adjustment or emotional problems
Regis	stered Nurse (RN) IOWA	CODE CH	IAPTER 152 OR 152E
Child	Adolescent	Adult	Senior	Services
NA	NA			Annual adult examinations
		NA	NA	Well child examinations
				Treatment of acute & chronic conditions
				Health education
				Health maintenance
			1	Immunizations
				Immunizations
Resp	iratory Therap	ist (RT)	OWA COD	E CHAPTER 152B
Respi	iratory Therap	oist (RT) IO Adult		E CHAPTER 152B
				E CHAPTER 152B
				Services
				Services Screening spirometry Pulmonary function testing
				Services Screening spirometry
				Services Screening spirometry Pulmonary function testing
				Services Screening spirometry Pulmonary function testing Administration of pharmacologic agents relating to respiratory care procedures
				Services Screening spirometry Pulmonary function testing Administration of pharmacologic agents relating to respiratory care procedures Administration of medical gases not including general anesthesia Administration of humidity and aerosol therapy Administration of lung expansion therapies
				Services Screening spirometry Pulmonary function testing Administration of pharmacologic agents relating to respiratory care procedures Administration of medical gases not including general anesthesia Administration of humidity and aerosol therapy
				Services Screening spirometry Pulmonary function testing Administration of pharmacologic agents relating to respiratory care procedures Administration of medical gases not including general anesthesia Administration of humidity and aerosol therapy Administration of lung expansion therapies
				Services Screening spirometry Pulmonary function testing Administration of pharmacologic agents relating to respiratory care procedures Administration of medical gases not including general anesthesia Administration of humidity and aerosol therapy Administration of lung expansion therapies Administration of bronchial hygiene therapy
				Services Screening spirometry Pulmonary function testing Administration of pharmacologic agents relating to respiratory care procedures Administration of medical gases not including general anesthesia Administration of humidity and aerosol therapy Administration of lung expansion therapies Administration of bronchial hygiene therapy Maintenance of airway patency
				Services Screening spirometry Pulmonary function testing Administration of pharmacologic agents relating to respiratory care procedures Administration of medical gases not including general anesthesia Administration of humidity and aerosol therapy Administration of lung expansion therapies Administration of bronchial hygiene therapy Maintenance of airway patency Diagnosis and treatment of sleep disorders

				PATIENT GROUPS, AND HEALTH CARE SERVICES	
Social Worker-Bachelor (BSW)					
Child	Adolescent	Adult	Senior	Services	
				Psychosocial assessment and intervention through direct contact with clients	
				Referral to other qualified resources for assistance	
				Performance of social histories	
				Problem identification	
				Establishment of goals and monitoring of progress	
				Interviewing techniques	
				Counseling	
				Social work administration	
				Supervision	
				Evaluation	
	<u> </u>			Interdisciplinary consultation and collaboration	
Socia Child	Adolescent	pendent (LI: Adult		WA CODE CHAPTER 154C Services	
Child	Adolescent	Adult	Senior		
				Psychosocial assessment, diagnosis & treatment	
	ļ			Performance of psychosocial histories	
				Problem identification	
	ļ			Evaluation of symptoms and behavior	
				Assessment of psychosocial and behavioral strengths and weaknesses and	
				effects of the environment on behavior	
				Psychosocial therapy	
	ļ			Differential treatment planning	
				Interdisciplinary consultation	
	I Worker-Mast			DE CHAPTER 154C	
Child	Adolescent	Adult	Senior	Services	
				Psychosocial assessment, diagnosis & treatment	
				Performance of psychosocial histories	
				Problem identification	
				Evaluation of symptoms and behavior	
	1			Assessment of psychosocial and behavioral strengths and weaknesses and effect	
				of the environment on behavior	
				Psychosocial therapy	
	1			Differential treatment planning	
				Interdisciplinary consultation	
Speech Pa	athologist IO	WA CODE C	HAPTER		
Child	Adolescent			Services	
				Testing, measurement and evaluation related to the development and disorders of speech, fluency, voice or language for the purpose of nonmedically preventing, ameliorating, modifying or remediating such disorders and conditions	
	1			Patient instruction/counseling	
				Patient habilitation/rehabilitation	

I understand any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for the Volunteer Health Care Provider Program. I also certify any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the licensing, certifying, or registering authority in the State of Iowa through which I have been licensed, certified, or registered and the Iowa Department of Public Health from any and all liability, which may be incurred as a result of collecting such information.

any action either criminal or civil in which I presently have or have had involvement including arrest and criminal history records. This

A photocopy of this release form will be valid as an original even though the photocopy does not contain an original writing of my signature. This release authorization expires two years from the date of signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information."

release also includes information concerning hospital staff employment or privileges.

If I am approved under the Volunteer Health Care Provider Program by the DEPARTMENT, it will be on the truth of the statements contained in this application/protection agreement and related forms. I understand if I provide false information it may nullify the condition of defense and indemnification as provided in 641 lowa Administrative Code Chapter 88 and it may result in revocation of my eligibility.

Signature of applicant Date

SECTION 6 PROTECTION AGREEMENT

This protection agreement is entered into by ________, (hereinafter INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER) and the Iowa Department of Public Health (hereinafter DEPARTMENT).

SECTION 7. AUTHORITY AND PURPOSE OF PROGRAM

The Volunteer Health Care Provider Program (hereinafter VHCPP) has been established pursuant to Iowa Code section 135.24 and 641 Iowa Administrative Code Chapter 88 to provide legal defense and indemnification to eligible INDIVIDUAL HEALTH CARE PROVIDERS who provide free health care services through qualified sites.

SECTION 8. PURPOSE OF PROTECTION AGREEMENT

The purpose of this protection agreement is to identify the terms and conditions under which the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER is approved to participate in the VHCPP.

SECTION 9. SCOPE OF PROTECTION AGREEMENT

The state of Iowa shall defend and indemnify the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER for any and all claims arising out of the provision of free health care services by the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER, provided the conditions in this application/protection agreement are satisfied.

"Defend" for purposes of this protection agreement means the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall be provided with legal representation by the Office of the Iowa Attorney General at no cost to the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER.

"Indemnify" for purposes of this protection agreement means the State of Iowa shall pay all sums the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER is legally obligated to pay as damages because of any claim made against the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER which arises out of the provision of free health care services rendered by the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER.

SECTION 10. ELIGIBILITY CONDITIONS

The state of lowa shall provide defense and indemnification coverage for the services described in the above application in accordance with lowa Code section 669.21, provided the following conditions are satisfied:

Licensure/registration/certification. At the time of the act or omission allegedly resulting in injury the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER must hold an active, unrestricted license, certificate, or registration to practice under lowa Code.

Certification statement. The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER agrees to:

- (1) Provide health care services to those persons who are uninsured and underinsured for the public health purpose of improved overall health, prevention of illness/injury, and disease management.
- (2) Cooperate fully with the state in the defense of any claim or suit relating to participation in the VHCPP, including attending hearings, depositions and trials and assisting in securing and giving evidence, responding to discovery and obtaining the attendance of witnesses.
- (3) Accept financial responsibility for the INDIVIDUAL HEALTH CARE PROVIDER'S personal expenses and costs incurred in the defense of any claim or suit related to participation in the VHCPP, including travel, meals, compensation for time and lost practice, and copying costs, and agree the state will not compensate the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER for the expenses or time needed for the defense of the claim or suit.

Compliance. The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER fully complies with the certification statement, this application/protection agreement, and the VHCPP's administrative rules contained at 641 Iowa Administrative Code Chapter 88.

Claim. The claim for which the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER seeks defense and indemnification involves medical injury proximately caused by the health care services identified and approved in section four of this INDIVIDUAL HEALTH CARE PROVIDER application/protection agreement and

- (a) Such health care services were provided by or under the direct supervision of the INDIVIDUAL HEALTH CARE PROVIDER based on the negligent delegation of health care or the INDIVIDUAL HEALTH CARE PROVIDER is named as a defendant soley because of his or her participation in the VHCPP.
- (b) Such health care services were performed at a site identified and approved in section two of this INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER application/protection agreement.
- (c) Such health care services were provided to a patient which is part of the patient group identified in section four of this INDIVIDUAL HEALTH CARE PROVIDER application/protection agreement, and has not acted willfully or wantonly or committed malfeasance.
- (d) The INDIVIDUAL HEALTH CARE PROVIDER receives no direct monetary compensation of any kind or promise to pay compensation for the health care services which resulted in injury.

SECTION 11. DURATION OF PROTECTION AGREEMENT

This INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER application/protection agreement shall be effective for two years from the date of execution. (Date of DEPARTMENT signature on the last page of the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER application/protection agreement.)

SECTION 12. FINANCING

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER agrees to provide free health care services to the patient groups identified in the application/agreement and associated with the identified sponsor entity or protected clinic. There shall be no cost to the DEPARTMENT, the patient, the sponsor entity or protected clinic in the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER'S provision of the approved health care services.

SECTION 13. PATIENT RECORDS

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall maintain the confidentiality of all records related to this protection agreement in accordance with state and federal laws and regulations.

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall protect from unauthorized disclosure all confidential records and data, including but not limited to the names and other identifying information of persons receiving health care services pursuant to this INDIVIDUAL HEALTH CARE PROVIDER application/protection agreement.

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall maintain proper medical records for all patients served through the VHCPP for seven years following the date of service, or, in the case of a minor, for a period of one year after the minor has reached the age of majority which will be housed at the site location where health care services where provided.

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER agrees to provide to the DEPARTMENT or the Office of the Attorney General, upon request, all records related to this INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER protection agreement including but not limited to client records.

SECTION 14. REPRESENTATIONS

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall make no representations concerning eligibility for the VHCPP nor eligibility of services for indemnification by the state except as authorized by the DEPARTMENT.

SECTION 15. REPORTING REQUIREMENTS AND DUTIES

Upon obtaining knowledge or becoming aware of any injury allegedly arising out of the negligent rendering of, or the negligent failure to render covered services under the VHCPP, the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall provide to the VHCPP, as soon as practicable, written notice containing, to the extent obtainable, the circumstance of the alleged injury, the names and addresses of the injured, and any other relevant information.

Upon obtaining knowledge or becoming aware of such an injury as defined in subrule 88.8(1), the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall promptly take all reasonable steps to prevent further or other injury from arising out of the same or similar incidents, situations or conditions.

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER shall immediately notify the lowa Department of Justice, Special Litigation Division, Hoover State Office Building, Des Moines, Iowa 50319, of service or receipt of an original notice, petition, suit or claim seeking damages from the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER related to participation in the VHCPP.

SECTION 16. TERMINATION OF AGREEMENT

By the DEPARTMENT. The DEPARTMENT may deny, suspend, revoke or condition the protection of the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER for cause, including but not limited to:

Failure to comply with the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER protection agreement.

Violation of state law governing the respective scope of practice or other law governing the health care services provided under the VHCPP.

Making false, misleading or fraudulent statements in connection with the VHCPP, including determination of eligibility of the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER or handling of a claim against the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER or the state.

Evidence of substance abuse or intoxication affecting the provision of health care services under the VHCPP.

Reasonable grounds to believe the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER may have provided incompetent or inadequate care to a patient under the VHCPP or is likely to do so.

Reasonable grounds to believe the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER's participation in the VHCPP may expose the state to undue risk.

Failure to immediately notify the VHCPP of any disciplinary action brought against the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER by the applicable state licensing board.

By the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER. The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER may terminate this protection agreement at any time by providing thirty days written advance notice to the DEPARTMENT with a copy to the sponsor entity or protected clinic.

SECTION 17. AMENDMENTS

This protection agreement may be amended in writing by mutual consent of the parties. All amendments to this protection agreement must be in writing and fully executed by the parties.

SECTION 18. ASSIGNMENT

This agreement may not be assigned, transferred, conveyed, or delegated in whole or in part.

SECTION 19. SIGNATURE OF AGREEMENT

The INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER is not protected for volunteer health care services provided **prior** to the signing of the protection agreement by the DEPARTMENT. Once fully executed, this document serves as the protection agreement between the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER and the DEPARTMENT. A fully signed copy will be sent to the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER.

Signature of INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER	Date
Brenda Dobson, MS, RDN, LD, Interim Director	Date
Division of Health Promotion & Chronic Disease Prevention	